

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit 2685

Examiner Pablo N. Tran

In Re: Bert L. Fransis
Case: P2300CIP
Serial No.: 09/885,241
Filed: 06/19/2001
Subject: An Improved Wideband Local Oscillator Architecture

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Dear Sir:

RESPONSE B

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In re: Bert L. Fransis
Case: P2300CIP1 Application No.: 09/885,241 Filing date: 06/19/2001
Art Unit: 2685 Examiner: Pablo N. Tran
Subject: An Improved Wideband Local Oscillator Architecture

Certificate of Transmission under 37 CFR 1.8

Attention: Pablo N. Tran, Examiner

Fax No.: (703) 872-9306

I hereby certify that this correspondence is being facsimile transmitted to the
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Patricia G. Lambuth

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Total Sheets Transmitted - 11

1. Amendment Transmittal - 1 sheet
2. Duplicate Amendment Transmittal - 1 sheet
3. Amendment B - 8 sheets
4. Certificate of Transmission - 1 sheet

Please call (831) 726-1457 if you have any questions.

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Method of Transmission: FacsimileCASE DOCKET NO. P2300CIP1In reference to application of Bert L. FranksSerial No. 09/885,241For An Improved Wideband Local Oscillator Architecture

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

- ☒ No additional fee is required.
☒ Applicant claims small entity status.
☒ The fee has been calculated as shown below.

**** CLAIMS AS AMENDED ****							
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Paid Previously	(5) Present Extra ***	(6) Rate Small Entity	(7) Rate Large Entity	(8) Additional Fee
Total Claims	21	Minus	* 21	0	\$ 9	\$ 18	\$ 0.00
Independent Claims	3	Minus	** 3	0	\$ 44	\$ 88	\$ 0.00
<input type="checkbox"/> First Presentation of a multiple dependent claim							\$ 0.00
<input type="checkbox"/> Terminal Disclaimer Fees							\$ 0.00
Extension Fee	<input type="checkbox"/> 1 st Month	<input type="checkbox"/> 2 nd Month	<input type="checkbox"/> 3 rd Month				
Total additional for claims, time extensions and disclaimer fees							\$ 0.00

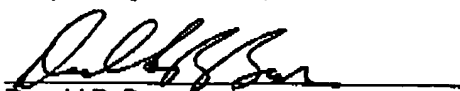
* If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

*** If the entry in column 2 is less than the entry in column 4, write "O" in column 5.

☐ A check in the amount of _____ is attached.☐ Charge \$_____ to deposit account _____. (A duplicate of this sheet is enclosed.)☒ Please charge any additional fees or credit overpayment to Deposit Account 50-0534. A duplicate of this sheet is enclosed.

Respectfully Submitted,



Donald R. Boys
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